



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Reniero et al.
Appl. No.: 09/936,542
Conf. No.: 7122
Filed: September 10, 2001
Title: LACTOBACILLUS STRAINS CAPABLE OF PREVENTING DIARRHOEA
CAUSED BY PATHOGENIC BACTERIA AND ROTAVIRUSES
Art Unit: 1651
Examiner: D. Ware
Docket No.: 112843-032

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT


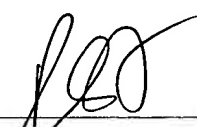
Sir:

In response to the Office Action dated April 6, 2004, please amend the above-identified patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 6 of this paper.

IFW 1651
AF

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 112843-032				
Applicant(s): Reniero et al.		Serial No. 09/936,542		Filing Date September 10, 2001		Examiner D. Ware		Group Art Unit 1651	
Invention: LACTOBACILLUS STRAINS CAPABLE OF PREVENTING DIARRHOEA CAUSED BY PATHOGENIC BACTERIA AND ROTAVIRUSES									
<u>TO THE COMMISSIONER FOR PATENTS:</u>									
Transmitted herewith is an amendment in the above-identified application.									
The fee has been calculated and is transmitted as shown below.									
CLAIMS AS AMENDED									
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE		ADDITIONAL FEE			
TOTAL CLAIMS	21 -	22 =	0 x	\$18.00		\$0.00			
INDEP. CLAIMS	7 -	7 =	0 x	\$86.00		\$0.00			
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						\$0.00			
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$0.00			
<input checked="" type="checkbox"/> No additional fee is required for amendment.									
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____									
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.									
<input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-1818									
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.									
<input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.									
<div style="text-align: center;"> _____ Signature</div>									
Dated: June 4, 2004									
<div>Robert M. Barrett Reg. No. 30,142 BELL, BOYD & LLOYD LLC P.O. Box 1135 Chicago, IL 60690-1135 Phone: 312-87-4204</div>									
<div style="border: 1px solid black; padding: 5px;"><p>I certify that this document and fee is being deposited on 06-04-04 with the U.S. Postal Service as first class mail under 37C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p><div style="text-align: center;"> _____ Signature of Person Mailing Correspondence</div><div style="text-align: center;">Renee Street _____ Typed or Printed Name of Person Mailing Correspondence</div></div>									
CC:									